



Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.:

RTS-0147

Inventors:

Bennett and Wyatt

Serial No.:

09/828,344

Filing Date:

April 5, 2001

Examiner:

Not Yet Assigned

Group Art Unit:

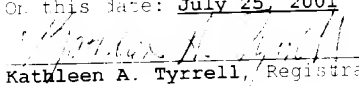
1645

Title:

Antisense	Modulation	of
Phospholipid	Scramblase	1
Expression		

I, Kathleen A. Tyrrell, Registration No. 38,350, certify that this correspondence is being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

On this date: July 25, 2001

  
Kathleen A. Tyrrell, Registration No. 38,350

Assistant Commissioner for  
Patents  
Washington, D.C. 20231

Dear Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

Enclosed for your information is a copy of the Filing Receipt issued by the PTO with respect to the above-identified application. You will note that the following items require correction:

In the **Filing Date:**

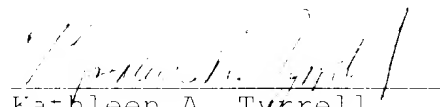
Please delete "April 6, 2001" and insert therefor

--April 5, 2001--.

A copy of the Express Mail Label which indicates April 5, 2001 as the Express Mail date is attached hereto. Applicants are therefore entitled to the April 5, 2001 filing date.

Since this appears to be an error on the part of the United States Patent and Trademark Office, it is respectfully requested that a corrected filing receipt be issued in this case.

Respectfully submitted,



Kathleen A. Tyrrell  
Registration No. 38,350

Date: July 25, 2001

Licata & Tyrrell P.C.  
66 E. Main Street  
Marlton, New Jersey 08053

(856) 810-1515

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Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

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Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Signature of Addressee or Agent		
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Name - Please Print		
X		

Mailing Label  
Label 11-F July 1997

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Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 21.50

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